

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/681,431  
APPLICANT(S)

FILING DATE

		CLAIMS					
		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/						51
2	/	/					52
3		/					53
4		/					54
5		/					55
6		/					56
7		/					57
8	/						58
9		/					59
10		/					60
11	/						61
12		/					62
13	/						63
14		/					64
15	/						65
16		/					66
17	/						67
18		/					68
19	/						69
20		/					70
21	/						71
22		/					72
23	/						73
24		/					74
25	/						75
26	/						76
27		/					77
28		/					78
29		/					79
30		/					80
31		/					81
32		/					82
33		/					83
34		/					84
35		/					85
36		/					86
37	/						87
38							88
39							89
40							90
41							91
42							92
43							93
44							94
45							95
46							96
47							97
48							98
49							99
50							100
TOTAL IND.	12						TOTAL IND.
TOTAL DEP.	25						TOTAL DEP.
TOTAL CLAIMS	37						TOTAL CLAIMS

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS